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**Certification for a
Complaint to the Washington State Public Disclosure Commission Relating to a
Elected Official or Candidate for Public Office
(Notary Not Required)**

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the facts set forth in this attached complaint are true and correct.

Your signature: *Pat D. Mooney*

Your printed name: PAT D. MOONEY

Street address: 2010 41st

City, state and zip code: ANACORTES WASH 98221

Telephone number: 360-293-7260

E-Mail Address: (Optional) _____

Date Signed: 8/29/05

Place Signed (City and County): ANACORTES SKagit
City County



*RCW 9A.72.040 provides that: "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor."

COMPLAINT ATTACHED

AUG 29 2005

Public Disclosure Commission



Ed. M. M.